

DECLARATION FOR USA PATENT APPLICATION

Including Design and National Stage PCT)

Attorney's Docket ID: _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

Tbp2 fragments of the transferrin receptor of Neisseria Meningitidis.

entitled _____

the specification of which _____

(check one) _____ is attached hereto.

☒ is U.S. Application Serial No. 08/591,447 which was filed on January 29, 1996

and (if applicable) amended on _____

_____ is International Application No. _____ which was filed on _____

and (if applicable) amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) (____ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET):

Number	Country	Day/Month/Year Filed	Priority Claimed Yes No
94 06 594	FRANCE	31 May 1994	<input checked="" type="checkbox"/> _____

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below; and insofar as the subject matter of each claim of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application in accordance with 37 C.F.R. 1.63(d). (____ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET.)

Application Serial No.	Day/Month/Year Filed	Status -- patented, pending, abandoned
PCT/FR95/00701	May 30, 1995	Pending

I hereby appoint the following to prosecute and transact all business in the Patent and Trademark Office connected therewith:

Andrew E. Taylor-17000	Thomas P. Sarro-19396	Douglas E. Jackson-28518	Harold L. Novick-26011
Walter C. Gillis-22086	Ross F. Hunt, Jr.-24082	B. Aaron Schulman-31877	Susan S. Morse-35292
Marvin Petry-22752	William E. Jackson-24016	Linda R. Poteate-36255	Kevin J. Dunleavy-32024

Direct all telephone calls to Thomas P. Sarro TEL (703) 920-7200.
Address all correspondence to LARSON & TAYLOR, 727 23rd Street South, Arlington, VA 22202; Facsimile Tel: (703) 892-8428.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor	<u>QUENTIN MILET Marie-José, Bernadette, Joëlle</u>	Citizenship	<u>French</u>
Full Post Office Address	<u>70 Cours Emile Zola - 69100 VILLEURBANNE (France)</u>		<u>FR X</u>
Residence - City, State/Country (if different from P.O. address)	<u>70 Cours Emile Zola - 69100 VILLEURBANNE (France)</u>		
SIGN AND DATE HERE	Inventor's Signature: <u>[Signature]</u>	Date:	<u>February 15, 1996</u>
Full Name of Second Joint Inventor, if any	<u>LISSOLO, Ling</u>	Citizenship	<u>French</u>
Full Post Office Address	<u>691 rue du Vallon - 69280 MARCY L'ETOILE (France)</u>		<u>FR X</u>
Residence - City, State/Country (if different from P.O. address)	<u>691 rue du Vallon - 69280 MARCY L'ETOILE (France)</u>		
SIGN AND DATE HERE	Inventor's Signature: <u>[Signature]</u>	Date:	<u>February 15, 1996</u>
Full Name of Third Joint Inventor, if any	<u>Mazana, Veronique</u>	Citizenship	<u>French</u>
Full Post Office Address	<u>11 rue Pouteau - 69001 LYON (France)</u>		<u>FR X</u>
Residence - City, State/Country (if different from P.O. address)	<u>11 rue Pouteau - 69001 LYON (France)</u>		
SIGN AND DATE HERE	Inventor's Signature: <u>[Signature]</u>	Date:	<u>February 15, 1996</u>

SEE ATTACHED SHEET FOR SIMILAR INFORMATION AND SIGNATURE FOR ADDITIONAL JOINT INVENTORS.
Law Offices of LARSON & TAYLOR, 727 23rd Street South, Arlington, Virginia 22202

12/94

ADDITIONAL INVENTORS

460 Full name of additional inventor Legrain Michèle
Inventor's signature [Signature] Date February 15, 1996
Residence 107 Grande Rue - 67120 DORLISHEIM (France) FRX
Post Office Address 107 Grande Rue - 67120 DORLISHEIM (France)
(Nationality : French)

500 Full name of additional inventor JACOB ERIC
Inventor's signature [Signature] Date February 15, 1996
Residence 107 Grande Rue - 67120 DORLISHEIM (France) FRX
Post Office Address 107 Grande Rue - 67120 DORLISHEIM (France)
(Nationality : French)

Full name of additional inventor _____
Inventor's signature _____ Date _____
Residence _____
Post Office Address _____

Full name of additional inventor _____
Inventor's signature _____ Date _____
Residence _____
Post Office Address _____

Full name of additional inventor _____
Inventor's signature _____ Date _____
Residence _____
Post Office Address _____

Full name of additional inventor _____
Inventor's signature _____ Date _____
Residence _____
Post Office Address _____

Full name of additional inventor _____
Inventor's signature _____ Date _____
Residence _____
Post Office Address _____

Full name of additional inventor _____
Inventor's signature _____ Date _____
Residence _____
Post Office Address _____

Full name of additional inventor _____
Inventor's signature _____ Date _____
Residence _____
Post Office Address _____

Full name of additional inventor _____
Inventor's signature _____ Date _____
Residence _____
Post Office Address _____